

STATE OF HAWAII
STATE PROCUREMENT OFFICE
APPLICATION FOR TREATMENT PURCHASE OF SERVICES
STATEMENT OF QUALIFICATIONS

1. TREATMENT SERVICE IDENTIFICATION:

Refer to Listing of Treatment Services
 Use a separate form for each service title for which you are applying.
 Service

Title: _____

Service ID

Number: _____

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name: _____

Title: _____

Phone: _____ Fax: _____

e-mail: _____

3. APPLICANT INFORMATION

Legal Name of Business Entity:

(If applicant is an organization required to file with the Dept. of Commerce and Consumer Affairs, then enter registered name.)

DBA: (Doing Business As),
 if other than stated above

4. ADDRESS

Business (Street) Address: (No Post Office Boxes)

Mailing Address: (For Correspondence)

5. TYPE OF BUSINESS ENTITY:

- ☐ Non Profit Corporation
☐ For Profit Corporation
☐ Limited Liability Company (LLC)

- ☐ Partnership
☐ Limited Liability Partnership (LLP)
☐ Sole Proprietorship/Individual

6. GENERAL POPULATION(S) APPLICANT IS ABLE TO SERVE:

YEARS OF ☐ 0-3 ☐ 3-5 ☐ 5-10 ☐ 10-12

AGE: ☐ 12-18 ☐ 18-21 ☐ 21-55 ☐ 55-59

☐ 60+

☐ FAMILIES

7. GEOGRAPHIC AREA(S) APPLICANT IS ABLE TO SERVE:

☐ MAUI ☐ MOLOKAI ☐ LANAI ☐ KAUAI

HAWAII: ☐ East ☐ West

OAHU: ☐ Honolulu ☐ Central ☐ Leeward

☐ North Shore ☐ Windward ☐ West Oahu

8. SPECIAL POPULATION(S) APPLICANT IS ABLE TO SERVE:

- ☐ Medically at-risk/medically fragile/physically disabled
☐ Individuals infected/affected by HIV/AIDS
☐ At risk/troubled youth
☐ Adjudicated youth living in the community
☐ Adults under court supervision
☐ Incarcerated individuals
☐ Individuals who have been harmed or are threatened with harm and their families
☐ Individuals who have been neglected or are at risk of neglect and their families
☐ Individuals in need of mental health services

- ☐ Seriously mentally ill adults
☐ Persons with developmental disabilities/mental retardation
☐ Individuals/families in need of substance abuse services
☐ Special education students
☐ Youth who are or may be eligible for special education or under Section 504, in need of mental health services in order to benefit from their educational program
☐ Immigrants/refugees
☐ Other:

9. I certify that all information provided in this application is correct to the best of my knowledge.

Typed Name of Authorized Representative: _____

Title: _____

Phone Number: _____

Authorized Signature: _____

Date Signed: _____

Treatment Purchase of Service
Statement of Qualifications

10. As applicable, specify the addresses of any branches:
11. Specify the number of years the applicant has been established in business and providing **this** service:
12. Provide the names and phone numbers of two clients *or* referral sources (individuals referring clients to the applicant) that received services during the preceding year and who may be contacted

| Name | Phone Number | Check one | | Dates Services Were Rendered |
|------|--------------|-----------|-----------------|------------------------------|
| | | Client | Referral Source | |
| | | | | |
| | | | | |

13. If the applicant is a Medicaid provider enter the Medicaid ID number: _____
14. If the applicant is a MEDQUEST provider, check the plan(s) served:
- ☐ Alohacare ☐ Child & Adolescent Mental Health Division, Dept of Health (CAMHD) ☐ CCS
☐ HMSA ☐ Early Intervention 0-3, Dept. of Health ☐ Medicaid Fee-for Service (Dental)
☐ Kaiser ☐ SHOTT

15. For each special population checked in #8, specify the length of the applicant's experience.
- YEARS OF EXPERIENCE

| | |
|--|---|
| | Medically at-risk/medically fragile/physically disabled individuals and/or their families |
| | Individuals infected/affected by HIV/AIDS |
| | At-risk/troubled youth |
| | Adjudicated youth living in the community |
| | Adults under court supervision |
| | Incarcerated individuals |
| | Individuals who have been harmed or are threatened with harm and their families |
| | Individuals who have been neglected or are at risk of neglect and their families |
| | Individuals in need of mental health services |
| | Seriously mentally ill adults |
| | Persons with developmental disabilities/mental retardation |
| | Individuals/families in need of substance abuse services |
| | Special education students |
| | Youth who are, or may be eligible for special education or under Section 504, in need of mental health services to benefit from their educational program |
| | Immigrants/Refugees |
| | Other (<i>specify</i>): |

Treatment Purchase of Service
Statement of Qualifications

16. Indicate which professional(s) the applicant is able to provide **as listed in the Type of Professional column** of the Listing of Treatment Services for this service:

17. If additional information is required in the Description/Additional Information Required column (in italics) of the Listing of Treatment services please address here. (Do *not* refer to attached resume):

18. As applicable, provide or attach a description of the organization and specify service capacity and average number of employees over the last three years for this service.
19. Attach resumes that address the education, training, and qualifications of the key members of the applicant. For organizations, resumes of one or two typical employees who meet the minimum qualifications for each type of professional specified in #16 above will be sufficient. Hospitals are exempt from this requirement if a copy of the current hospital license is submitted. However, hospitals may be contacted and asked to supply further information.
20. Attach documentation demonstrating applicant meets all minimum qualifications as indicated on the *Listing of Treatment Services* (e.g. copies of licenses, certifications, degrees, etc.).
 - Hospitals are to submit a copy of the current hospital license as documentation.
 - Where a minimum qualification requires a particular type of experience, a description of the experience *specific* to the service must be included.
 - Where a minimum qualification requires a degree, a copy of the degree or a letter from the awarding institution documenting the degree must be included.

State Procurement Office

Application for Treatment Purchase of Services Statement of Qualifications

- **Due Date**
All applications are due no later than *4:30 p.m., May 20, 2003* or *postmarked no later than May 20, 2003 by United States mail (not another mail service)*.
- The application must be filled out in accordance with the *Listing of Treatment Services (4/03)*
- **Applications For More Than One Service**
Applicants must submit a separate, complete application for each service applying for.
- **Minimum Qualifications**
With *each application*, applicants must submit evidence of the minimum qualifications for the type of professional applying for.
- When experience is required, applicants must indicate experience specific to the service.
- Applications should be mailed to:
State Procurement Office
1151 Punchbowl St., Room 230-A
Honolulu, HI 96813

Should you have any questions, please contact Mara Smith at (808) 587-4704 or Corinne Higa at (808) 587-4706, or e-mail mara.smith@hawaii.gov or corinne.y.higa@hawaii.gov.

State Procurement Office
1151 Punchbowl St., #230A
Honolulu, Hawaii 96813

**The Listing of Treatment Services
For the Treatment Method of Procurement Solicitation**

Listing of Treatment Services

Background and Purpose

Treatment services are services to individuals and families by health or social work professionals which attempt to alleviate physical or mental illness or behavioral problems. Treatment services include but are not limited to, medical treatment, counseling, physical, occupational and other therapeutic services, and referral and case management services for medical treatment, counseling and other therapeutic services.

State agencies may utilize the SPO Treatment List of Qualified Private Providers to purchase treatment services when the following three conditions occur:

1. If either or both of the following are applicable:
 - A. The need for such services may arise from time to time, but the need cannot be anticipated accurately on an annual or biennial basis; and
 - B. Delaying treatment until a competitive purchase of services could be conducted would render the problem worse than at the time of diagnosis and assessment
2. The contract will be for \$100,000 or less; and
3. The term of the contract is one year or less.

When the need to purchase treatment services arises, the head of the State agency or designee selects the most qualified provider from the appropriate list based on the following:

1. Demonstrated competence for the type of treatment service required;
2. Qualification for the type of service required; and
3. Fairness and reasonability of price, or other applicable cost factor.

Next, the head of the State agency or designee negotiates a contract, including a rate of compensation that is fair and reasonable, established in writing and based upon the estimated value, scope, nature, and complexity of treatment services to be rendered. Negotiations are conducted confidentially. If negotiations fail, the provider is notified in writing of an impasse and the head of the State agency or designee selects another provider from the list and conducts further negotiations.

In brief, since SPO completes the procurement process, State agencies simply select from the Treatment List, negotiate and contract for necessary services. The treatment method is a flexible and an efficient method of procurement for State agencies to purchase quality services at the best prices.

Should you have questions please contact:

Mara Smith at (808) 587-4704 or mara.smith@hawaii.gov or Corinne Higa at (808) 587-4706 or corinne.y.higa@hawaii.gov

Listing of Treatment Services

The Contents of the Listing

This document contains all the treatment services for which the State is requesting Statements of Qualifications. Below is a brief explanation of each column in this document. Applicants must complete a **separate application** for each service for which they are applying.

| Column Title | Description |
|---|---|
| ID # | Contains the “Service ID Number” of each service as required in #1 of the application. |
| Service Title | Contains the “Service Title” of each service as required in #1 of the application. |
| Type of Professional | When there is more than one professional for a service, each is numbered. There is a corresponding number in the “Minimum Qualifications” for each type of professional. |
| Minimum Qualifications | <p>For each item the applicant must submit documentation that the minimum qualification is met. (e.g. copies of licenses, registrations, certifications, documentation of specific experience, etc.)</p> <p>Where board certification/eligibility is required, the certifying board shall be approved by or a member of the American Board of Medical Specialties, American Dental Association, or American Psychological Association, where applicable.</p> <p><i>For some services, preferred criteria are listed in italics. If the applicant meets the preferred criteria (e.g. is board certified or board eligible) and submits appropriate documentation (copy of board certification) it will be so noted on the Treatment List of Qualified Private Providers. If the applicant does not submit appropriate documentation, it will not be noted.</i></p> |
| Brief Description of Services | Contains general service descriptions. |
| <i>Additional Information Required</i> | If a special need is indicated <i>in italics</i> , the applicant should indicate ability and willingness to meet that need as well as providing any information required (e.g. speaking another language, accessibility of service on a 24-hour basis, etc.). |
| Purchasing Agencies | Numbers indicate individual State purchasing agencies that have expressed a need to purchase services using the treatment method of procurement. However, the list is available to all State purchasing agencies and it is possible other purchasing agencies will require the services. Note: Agency numbers are defined at the bottom of each page. |

Questions? Contact: Mara Smith at (808) 587-4704 or mara.smith@hawaii.gov or Corinne Higa at (808) 587-4706 or corinne.y.higa@hawaii.gov

| | |
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Listing of Treatment Services

Service Descriptions and Requirements

| ID # | Service Title | Type of Professional(s) | Minimum Qualifications | Brief Description of Service(s) <i>Additional Information Required</i> | Purchasing Agencies* |
|-----------------------|----------------------------|---|---|---|-----------------------------|
| <i>General</i> | | | | | |
| 01 | Counseling, General | Counselor | a) Bachelors in human service-related field, and b) 2 years counseling experience. (Higher degree may be substituted for experience). | Provision of general counseling services such as anger management, crisis, marital, behavioral, etc., in individual, group, and family modalities. | 03, 71, 72 |
| 02 | Custody Evaluation | 1. Social Worker 2. Marriage and Family Therapist | For 1 and 2: a) Current, valid license to practice in the State of Hawaii b) 5 years experience working with children/families in the State of Hawaii | Provision of assessment of family system; provision to both parents and the Court, of an analysis of the overall situation including recommendations concerning the future parenting of their children. | 40 |
| 03 | Domestic Violence | 1. Psychologist 2. Social Worker 3. Marriage and Family Therapist | For 1, 2, or 3: Current, valid license to practice in the State of Hawaii | Provision of services that may include but are not limited to, child witness intervention services, services to other family members and/or services to perpetrators (assessment, treatment, evaluation). | 40, 71, 72 |
| 04 | Parenting | 1. Social Worker 2. Psychologist 3. Marriage & Family Therapist | For 1, 2, or 3: Current, valid license to practice in the State of Hawaii | Provision of counseling focused on developmental/behavioral needs of the child or adolescent. <i>Include documentation of length of experience in child welfare or child development.</i> | 02, 27, 71 |

Department of Human Services

01=Adult & Community Care Services Branch
02=Child Welfare Services
03=HI Youth Correctional Facility

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23=Communicable Diseases Div.
24=Developmental Disabilities-Case Managemt. & Information Svcs.

Dept. of Health (cont.)

25=Waimano Tng. School & Hosp.
26=WIC
27=Zero to Three Project

40=Judiciary

50=Dept. of Education

Dept. of Labor & Industrial Relations

61=Workforce Development Div.

Dept. of Public Safety

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72=Corrections Program Services

Listing of Treatment Services

Service Descriptions and Requirements

| ID # | Service Title | Type of Professional(s) | Minimum Qualifications | Brief Description of Service(s) <i>Additional Information Required</i> | Purchasing Agencies* |
|-------------|---|--|---|--|-----------------------------|
| 05 | Post Permanency Counseling and Support | 1. Social Worker 2. Psychologist 3. Marriage and Family Therapist | For 1, 2, or 3: a) Current, valid license to practice in the State of Hawaii, and b) 2 years of experience with child welfare or placement issues. | Provision of services that may include but are not limited to, counseling & support services to maintain permanent placements through Chapter 587, HRS, Child Protective Act; individual, group, family, couple counseling to meet the identified needs, objective, and outcomes of treatment plans through culturally relevant services. <i>Specify any ability to provide services for non-English speaking families.</i> | 02, 71 |
| 06 | Psychological Testing and Educational Evaluation | 1. Teacher 2. Psychologist 3. Educational Evaluator 4. Psychological Examiner | 1- a) B.Ed., and b) Certified by the State of Hawaii 2-Current, valid license to practice in the State of Hawaii 3-Masters degree in related field 4-Masters degree in related field | Provision of individual and group educational and psychological assessment/evaluation utilizing standardized group and individual assessment instruments and tools for purposes of academic & intellectual assessment; and measuring attitudes and perceptions of others. | 50, 71, 72 |

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|-------------|--|--------------------------------|--|---|------------------------------------|
| 07 | Psychology, Clinical | Clinical Psychologist | Current, valid license to practice in the State of Hawaii | Provision of psychological services that may include, but are not limited to, psychological evaluations, therapy services including crisis intervention, individual, group and family therapy, consultation, and participation in multidisciplinary team meetings. <i>In some instances, knowledge of languages other than English is needed, as well as awareness of cultural issues and assimilation problems. Indicate any language/cultures for which applicant has this capability.</i> | 01, 03, 21, 24, 25, 27, 40, 50, 71 |
| 08 | Psychology, Neuropsychology | Clinical Psychologist | a) Current, valid license to practice in the State of Hawaii; and b) 1 year supervised experience in neuropsychological assessment. | Provision of services including but not limited to, neuropsychological evaluations and cognitive rehabilitation. | 21, 22, 71 |

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| ID # | Service Title | Type of Professional(s) | Minimum Qualifications | Brief Description of Service(s) <i>Additional Information Required</i> | Purchasing Agencies* |
|-------------|--|---|--|--|-----------------------------|
| 09 | Sex Offender | 1. Social Worker 2. Psychologist 3. Psychiatrist 4. Sex Offender Therapist | For 1, 2, or 3: a) Current, valid license to practice in the State of Hawaii, and b) Training and experience in working with sex offenders 4- a) Masters degree in human services field, and b) Training/experience in working with sex offenders | Provision of services that may include but are not limited to, evaluation, psycho-sexual evaluation, counseling, therapy, and aftercare services. | 03, 24, 40, 72 |
| 10 | Sex Therapy | Sex Therapist | a) Masters degree in human service field, and b) Training/experience in sex therapy | Provision of general sex therapy, or provision of sex therapy for developmentally disabled adults. | 24, 25, 72 |
| 11 | Social Work | Social Worker | Current, valid license to practice in the State of Hawaii | Provision of social work services that may include, but are not limited to, diagnostic and consultation, outreach, counseling, participation in multidisciplinary team meetings, and case management. | 21, 27, 50, 71, 72 |
| 12 | Substance Abuse | Substance Abuse Counselor | Certification by the State of Hawaii | Provision of substance abuse assessment and treatment services. | 40, 72 |
| 13 | Therapeutic & Assessment Svcs. for Hard of Hearing/Deaf | Mental Health Professional | a) Masters degree in human services/behavioral sciences field, b) Licensure as appropriate, c) Proficiency at ASL PI Level 3; & d) 1 year experience providing therapeutic services to the deaf utilizing ASL | Provision of mental health and psycho-educational services including, but not limited to counseling, therapy, behavior management intervention, case management, psychological and educational testing & evaluation. | 22, 71, 72 |

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|--------------------------------|--------------------------------------|--------------------------------|--|--|-----------------------------|
| <i>Dentistry</i> | | | | | |
| 14 | Dentistry, General | Dentist | Current, valid license to practice in the State of Hawaii | Provision of general dental care. | 02, 03, 21, 23, 22, 71 |
| 15 | Dentistry, Oral Surgery | Oral Surgeon | Current, valid license to practice in the State of Hawaii. <i>Board certification/eligibility preferred</i> | Provision of general oral surgery services. | 03, 71 |
| 16 | Dentistry, Orthodontics | Orthodontist | Current, valid license to practice in the State of Hawaii. <i>Board certification/eligibility preferred</i> | Provision of general orthodontic services, and/or pediatric orthodontic services. <i>Some services may not be covered by a health plan. Indicate if provider is willing to provide services.</i> | 02, 03, 21, 71 |
| 17 | Dentistry, Periodontia | Periodontist | Current, valid license to practice in the State of Hawaii. <i>Board certification/eligibility preferred</i> | Provision of general periodontal services. | 02, 03, 71 |
| 18 | Dentistry, Portable Dentistry | Dentist | Current, valid license to practice in the State of Hawaii. | Provision of general dental services in an institutional setting. Dentist must have portable dental equipment available. | 71 |
| <i>Medical, General</i> | | | | | |
| 19 | Audiology | 1. Audiologist 2. Physician | For 1 or 2: Current, valid license to practice in the State of Hawaii. | Provision of audiology services including but not limited to consultation, pediatric audiological evaluations, hearing aid support, participation in multidisciplinary team meetings, provision of training assistance to family members and written reports | 27, 71 |
| 20 | EEG Tracing | EEG Technician | 1 year experience | Perform EEG tracings | 21, 71 |

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|-------------|---|--|---|---|-----------------------------|
| 21 | Hospital Acute Care | Facility | Facility must be licensed by the State of Hawaii as a hospital. | Provision of services that may include, but are not limited to, acute, long-term, emergency room and hospice services. Provision of acute medical emergency services for mentally ill individuals. <i>Please indicate if able to provide services for mentally ill individuals.</i> | 03, 21, 23, 71 |
| 22 | Laboratory Services and or Laboratory/Medical Technician | 1. Laboratory Facility 2. Clinical Laboratory Technician, Medical Laboratory Technician | 1- a) Current clinical laboratory license, and b) Current CLIA Lab Certificate of Accreditation. 2-Current valid license to practice in the State of Hawaii. | Laboratory services that may include but are not limited to, performance of blood draws, accession, process automated & manual analyses, biological, serological & chemical tests & analysis, preparation of patient sample reports. | 06, 21, 23, 71 |
| 23 | Nursing | 1. RN 2. LPN | For 1 and 2: Current, valid license to practice in the State of Hawaii. | Services may include, but are not limited to, provision of nursing services in an institution or outpatient nursing services. | 01, 03, 21, 71 |

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| 24 | Nutrition | 1. Dietitian 2. Nutritionist | 1-Registration or registration-eligible with the American Dietetic Assn. 2- a) Bachelors degree in public health nutrition/nutritional sciences, and b) Registration eligible with the American Dietetic Association. | Provision of services that may include but are not limited to, nutrition, tube feeding (RD only), and feeding assessments (RD only) diet instruction/counseling, and diet analysis. | 01, 27, 23, 24, 25, 26, 71 |
| 25 | Nutritional Counseling | Nutritional Counselor | Degree in public health nutrition or nutritional sciences. | Provision of services that include but are not limited to diet instruction, counseling, review of dietary plan with clients, teaching and follow-up. | 01, 26, 71 |
| 26 | Occupational Therapy | Occupational Therapist | Current valid, registration to practice in the State of Hawaii. | Provision of evaluation and therapy services that may include but are not limited to, consultation, participation in meetings, training assistance to identified individuals. | 21, 24, 25, 27, 50, 71 |
| 27 | Phlebotomy | 1. Phlebotomist 2. RN 3. LPN | 1. 1 year experience 2- a) Current valid license to practice in the State of Hawaii b) 1 year experience 3- a) Current valid license to practice in the State of Hawaii b) 1 year experience <i>Preferred for all: Pediatric Experience, Current CPR Certification, Phlebotomy Certification</i> | Perform blood draws, accession and process patient samples. May also need for coverage at bi-weekly clinic or for ongoing epidemiological investigations in such areas as hepatitis control. For this area phlebotomist must be RN, LPN, or certified phlebotomist. Applicant should have pediatric experience and current CPR. | 21, 23, 71 |

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|-------------|--------------------------------|---|--|--|-----------------------------|
| 28 | Physical Therapy | Physical Therapist | Current, valid license to practice in the State of Hawaii. | Provision of screening, evaluation and therapy services that may include but are not limited to, consultation, participation in team or parent meetings, training assistance to identified individuals/parents. | 21, 24, 25, 27, 50, 71 |
| 29 | Speech and Language | Speech-Language Pathologist | Current, valid license to practice in the State of Hawaii. | Provision of speech-language evaluation and/or therapy services. Services may include but are not limited to consultation, therapy, participation in multidisciplinary team meetings, provision of training assistance to family members and written reports. | 03, 24, 25, 27, 50, 71, 72 |
| 30 | Substance Abuse Testing | 1. Lab Technician 2. Physician | 1-State license or approval 2- a) Current, valid license to practice in the State of Hawaii, and b) Licensure by State of Hawaii as a medical Review Officer (MRO). | Provision of services that may include, but are not limited to, urinalysis and/or Medical Review Officer Services. <i>In some instances services will be needed on a 24-hour, 7-day availability. Indicate whether the applicant has this capacity.</i> | 02, 03, 72 |
| 31 | X-ray | 1. X-ray Technologist 2. Radiologist | 1- a) Current, valid State of Hawaii license, and b) Certified radiographer. 2-Current valid license to practice in the State of Hawaii. | Provision of general x-ray services. Provision of chest x-ray services for tuberculosis screening. | 01, 03, 21, 23, 71 |

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|---|--|--------------------------------|--|---|-----------------------------|
| <i>Medical, Physicians and Specialists</i> | | | | | |
| 32 | Allergy | Physician | Current, valid license to practice in the State of Hawaii. <i>Board certification/eligibility preferred</i> | Provision of general allergy services. | 03, 71 |
| 33 | Communicable Diseases Medical Services | Physician | Current, valid license to practice in the State of Hawaii. | Medical services for inpatient and outpatient care for Hansen's Disease, Tuberculosis, Sexually Transmitted/Auto Immune Deficiency Syndrome (STD/AIDS) and other communicable diseases. | 03, 23, 71 |
| 34 | Dermatology | Dermatologist | Current, valid license to practice in the State of Hawaii. <i>Board certification/eligibility preferred</i> | Provision of general dermatology services. | 03, 21, 25, 71 |
| 35 | Ear Nose, and Throat (ENT/ Otorhinolaryngology) | Physician | Current, valid license to practice in the State of Hawaii. <i>Board certification/eligibility preferred</i> | Provision of general ENT services. | 03, 25, 71 |
| 36 | Gastroenterology | Physician | Current, valid license to practice in the State of Hawaii. <i>Board certification/eligibility preferred</i> | Provision of general gastroenterology services. | 03, 21, 71 |
| 37 | Internist | Internist | Current, valid license to practice in the State of Hawaii. <i>Board certification/eligibility preferred</i> | Provision of general services. | 03, 71 |
| 38 | OB/GYN | Obstetrician/ Gynecologist | Current, valid license to practice in the State of Hawaii. <i>Board certification/eligibility preferred</i> | Provision of general OB/GYN services | 03, 21, 25, 71 |
| 39 | Ophthalmology | Ophthalmology | Current, valid license to practice in the State of Hawaii. | Provision of general ophthalmology services. | 03, 21, 71 |

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|-------------|------------------------------------|---|---|--|-----------------------------|
| 40 | Optometry | Optometrist | Current, valid license to practice in the State of Hawaii. | Provision of general optometry services. | 03, 71 |
| 41 | Orthopedics | Orthopedist | Current, valid license to practice in the State of Hawaii. | Provision of general orthopedic services. | 03, 21, 23, 25, 71 |
| 42 | Pharmacist | Pharmacist | Current, valid license to practice in the State of Hawaii. | Provision of pharmacology services. | 03, 21, 25, 71 |
| 43 | Physical Examination | 1. Physician 2. Nurse Practitioner | 1-Current, valid license to practice in the State of Hawaii. 2- a) Current, valid license to practice in the State of Hawaii; and b) Certification by NAPNAP or ANA as pediatric or family nurse practitioner. | Children: Provision of pre-placement physical exams for children who have been harmed or threatened with harm and need to be removed from their family homes. Pre-employment: Provision of pre-placement physical exams for adults in preparation for work/training activities. <i>Please indicate which of the above services applicant is willing to provide</i> | 02, 61, 71 |
| 44 | Physician, General Practice | Physician | Current, valid license to practice in the State of Hawaii. | Services may include, but are not limited to primary care for acute and chronic health problems, physical exams, etc. Service provision may be in community or on-site in an institutional clinic. If in an institution, physician may be required to record care given in records maintained by the institution. | 03, 25, 23, 71 |

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|-------------|--|-----------------------------------|--|--|------------------------------------|
| 45 | Psychiatry | Psychiatrist | a) Current, valid license to practice in the State of Hawaii, and b) Completion of an accredited residency program. <i>Board certification preferred</i> | Provision of services that may include, but are not limited to, diagnostic evaluations, medical and/or mental health assessments and consulting services, psychiatric care of a variety of acute and chronic mental health problems. Services may include on-site, in clinic, in home (especially for Adult Protective Service clients), as well as outpatient services. | 01, 02, 03, 21, 22, 23, 24, 25, 71 |
| 46 | Psychiatry, Child and Adolescent Psychiatry | Child and Adolescent Psychiatrist | a) Current, valid license to practice in the state of Hawaii, and b) Satisfactory completion of child & adolescent psychiatric residency in ACGME accredited program. <i>Board Certification by ABPN in child & adolescent psychiatry preferred.</i> | Provision of services to children & adolescents that may include, but are not limited to, diagnostic evaluations, medical and/or mental health assessments and consulting services, psychiatric care of a variety of acute and chronic mental health problems. Services may include on-site, in clinic, in home, as well as outpatient services. | 24 |
| 47 | Surgery, General | General Surgeon | a) Current, valid license to practice in the State of Hawaii, and b) Board certification | Provision of general surgery services. | 03, 71 |
| 48 | Surgery, Plastic | Plastic Surgeon | a) Current, valid license to practice in the State of Hawaii, and b) Board certification | Provision of plastic surgery services; and/or tattoo removal | 03 |
| 49 | Urology | Urologist | Current, valid license to practice in the State of Hawaii. <i>Board certification/eligibility preferred</i> | Provision of general urology services. | 03, 21, 25, 71 |

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|---------------------------|--|--------------------------------|---|---|-----------------------------|
| <i>Residential</i> | | | | | |
| 50 | Residential-Group Home | Facility | Licensure of facility by the State of Hawaii as a child caring facility. | Provision of residential & support services for youth experiencing mental health or behavioral problems. <i>Indicate special issues that applicant is able to address (behavioral problems, mental health, adjudicated, substance abuse, disabled, etc.) and specific services available for each.</i> | 22 |
| 51 | Residential-Mental Health Treatment | Facility | a) If in Hawaii, facility must be licensed by the state of Hawaii as a special treatment facility, or b) If out of the State of Hawaii, facility must have current, valid license in the state in which it is located; and c) National accreditation by JCHAO, COA, or CARF for facilities that are out of state. | Provision of services that specialize in the treatment of psychiatric, emotional and behavioral problems; educational service component for children & adolescents. Services are needed for children, adolescents and adults. Type of facility may include community-based facility, such as a group home, as well as traditional facility. | 03, 22 |

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|-------------|--|--------------------------------|--|--|-----------------------------|
| 52 | Residential-Mental Health Treatment for Deaf, Deaf/blind, & Hard of Hearing | Facility | a) Staff must have ability to communicate in American Sign Language (ASL); and b) Facility must be licensed by the state in which the facility is located, and c) For facilities located out of the State of Hawaii, the facility must have national accreditation by JCHAO, COA, or CARF. | Provision of services for the treatment of psychiatric, emotional, or behavioral problems of the deaf/blind; educational service component for children and adolescents. Type of facility may include community-based facility, such as a group home, as well as a traditional family. | 22 |
| 53 | Residential-Nursing Facility | Facility | Facility must be licensed by the State of Hawaii as a nursing facility. | Provision of general nursing facility services. | 01, 03, 22 |
| 54 | Residential-Sex Offender | Facility | a) Facility must be licensed in the state in which it is located; and b) For facilities located out of the State of Hawaii, the facility must have national accreditation by JCHAO, COA, or CARF. | Provision of residential program specifically for sex offenders. Both adolescent and adult services are needed. | 03, 22 |
| 55 | Residential-Substance Abuse | Facility | a) Current, valid license of facility by the State of Hawaii as a special treatment facility; and b) Accreditation of facility by the State of Hawaii once rules become final, and c) For counselors, current, valid certification by the State of Hawaii. | Residential treatment programs for adolescents and adults who may have a history of law violations. | 03 |

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